ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
710 - 20th Street, North
ROOM 207, CITY HALL
BIRMINGHAM, ALABAMA 35203

William A. Bell, Sr., Mayor

Andre V. Bittas, Director

APPLICATION / REGISTRATION FOR MASTER ELECTRICIAN			Date Case No Master No Project No			
Please print legibly and fill in all that apply						
TO: BOARD OF ELECTRICAL EXAMINERS Date:						
I, Last		. <u> </u>				
Last Address:			Socia	•		
Telephone: ()						
E-mail Address: Signature Signature hereby make application for examination for registration as an Master Electrician in accordance with the Electrical Code of the City of Birmingham.						
Journeyman Card No.		in accordance with the	e Electricai Coc	le of the City o	f Birmingnam.	
EDUCATION AND TRAINING						
HIGH SCHOOL GRADUATE?	□No If no, circle h	ighest level attained	9	10 11	12	
COLLEGE OR UNIVERSITY GRADUATE?	Name of School:					
□Yes □No		Address City/State/Zip				
	Major Course:				_	
ADDITIONAL TRAINING? ☐Yes ☐No	If yes, give details					
If you are a licensed Professional Engineer, given	ve state(s) in which you are req	jistered and registratio	on number.			
State Reg. No	State		Rea. No.			
JOURNEYMAN TRAINING – (A total of two years)						
Begin with present employer and work back					,	
Company	Street Addres	SS	/ N	lo. Yr.		
-	21		From	/ To _	/	
Company	Street Addres	iS .	IV	lo. Yr.	Mo. Yr.	
Company	Street Addres	 SS		/ To lo. Yr.	/ Mo. Yr.	
Company	Street Addres	SS .	N	lo. Yr.	Mo. Yr.	
			From	To_	/ Mo. Yr.	
Company	Street Addres	SS	N	lo. Yr.	Mo. Yr.	
IF ADDITIONAL SPACE IS NEEDED, USE BACK OF THIS FORM. ADDITIONAL INFORMATION (Give any additional information which might benefit the Board in rendering a favorable decision in this application)						
Do you hold or have you ever held a Journeyman C	Certificate of Competency (Journe	eyman Card) issued by t	he City of Birmir	ngham?	Yes 🗆 No	
If yes, list the year(s) and card number(s). Year	Number	Year_	N	umber		
Year	Number	Year_	N	umber		
Have you previously taken the Master Examination	?	If yes, when	Month		Year	
I certify that the above statements are true or false statement made herein will void ar		my knowledge and	understand t			
Signature					_	
The Board reserves the right to correspond You will be notified by mail of the decision	d with any employers listed of the Board regarding this	above and to check application.	all informatio	n given in thi	s application.	
	FOR STAFF	USE				
Action by BoardApproved [Disapproved Appli	cation Information V	erified by:			
Reason for Disapproval						
		Chairman				
		ATTEST:				
		Secretary				